Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER KINDRED HEALTHCARE II | NC. | | | Date of This Filing _ | 11/01/2022 | Date Stamp | CALIFO FOR | |
|--|-----------------------|---------------------------------|--|--------------------------|----------------------------------|---|---------------|--------------------|
| AREA CODE/PHONE NUMBER | R I.D. NUME 493025 | BER (if applicable) | | Report No | 50016 | | For | Official Use Only |
| STREET ADDRESS | , | | | Amendme to Report No | | Page 1 of 4 | | |
| CITY LOUISVILLE | | STATE KY | ZIP CODE 40202 | No. of Pages | 4 | | | |
| Late Contribution | (s) Received | | | | | | | |
| DATE RECEIVED | FULL NAME, MAILING | ADDRESS ANI COMMITTEE, ALSO | O ZIP CODE OF CONTRIBU ENTER I.D. NUMBER) | TOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EN (IF SELF-EMPLOYED, ENTER NAME OF B | | AMOUNT RECEIVED |
| | | | | | IND COM OTH PTY SCC | | | |
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| | | | | | | | | |
| *Contributor Codes IND - Individual COM - Recipient Committe OTH - Other | | PTY - Politica SCC - Small (| ıl Party Contributor Committee | | | | | |

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER KINDRED HEALTHCARE INC. | | | Date of This Filing11/01/2022 | Date Stamp | CALIFORNIA 497 |
|---------------------------------------|------------------------------------|-------------------|-------------------------------|-------------|-----------------------|
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 493025 | | Report No | | For Official Use Only |
| STREET ADDRESS | | | Amendment to Report No. | Page 2 of 4 | |
| CITY LOUISVILLE | STATE KY | ZIP CODE 40202 | No. of Pages 4 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|--------------|---|--|---------------------------|-------------------------------------|
| 11/01/2022 | David Alvarez for Assembly 2022 Sacramento, CA 95815 | David Alvarez State Assembly District 080 Jurisdiction: State Assembly District | \$1,500.00 | 11/08/2022 |
| | ID# 1443355 Memo Reference: 1 | | | |
| 11/01/2022 | Steve Padilla for State Senate 2022 Chula Vista, CA 91915 | Steve Padilla State Senate District 018 Jurisdiction: State Senate District | \$1,500.00 | 11/08/2022 |
| | ID# 1431035 Memo Reference: 2 | | | |
| 11/01/2022 | Avelino Valencia for Assembly 2022 Long Beach, CA 90802 | Avelino Valencia State Assembly District 068 Jurisdiction: State Assembly District | \$1,500.00 | 11/08/2022 |
| | ID# 1446169 Memo Reference: 3 | | | |
| 11/01/2022 | Papan for Assembly 2022 Sacramento, CA 95815 | Diane Papan State Assembly District 021 Jurisdiction: State Assembly District | \$1,500.00 | 11/08/2022 |
| | ID# 1442617 Memo Reference: 4 | | | |

Reason for Amendment:

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LATE CONTRIBUTION REPORT

| NAME OF FILER KINDRED HEALTHCARE INC. | | | Date of This Filing 11/01/20 | 2022 | Date Stamp | CALIFORNIA FORM 497 |
|---------------------------------------|------------------------------------|-------------------|---------------------------------|------|-------------|-----------------------|
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 493025 | | Report No. 5001 | 16 | | For Official Use Only |
| STREET ADDRESS | | | Amendment to Report No. | | Page 3 of 4 | |
| CITY LOUISVILLE | STATE KY | ZIP CODE 40202 | (explain below) No. of Pages 4 | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|--------------|---|--|---------------------------|-------------------------------------|
| 11/01/2022 | Rick Chavez Zbur for Assembly 2022 Sacramento, CA 95814 | Rick Chavez Zbur State Assembly District 051 Jurisdiction: State Assembly District | \$1,000.00 | 11/08/2022 |
| | ID# 1437343 Memo Reference: 5 | | | |
| 11/01/2022 | Gail Pellerin for Assembly 2022 Sacramento, CA 95841 | Gail Pellerin State Assembly District 028 Jurisdiction: State Assembly District | \$1,000.00 | 11/08/2022 |
| | ID# 1445957 Memo Reference: 6 | | | |
| 11/01/2022 | Blanca Pacheco for Assembly 2022 Long Beach, CA 90802 | Blanca Pacheco State Assembly District 064 Jurisdiction: State Assembly District | \$1,000.00 | 11/08/2022 |
| | ID# 1443511 Memo Reference: 7 | | | |
| 11/01/2022 | Gregg Hart for Assembly 2022 Santa Barbara, CA 93101 | Gregg Hart State Assembly District 037 Jurisdiction: State Assembly District | \$1,000.00 | 11/08/2022 |
| | ID# 1444010 Memo Reference: 8 | | | |

Reason for Amendment:

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| NAME OF FILER KINDRED HEALTHCARE INC. | | Date of This Filing11/01/2022 | Date Stamp | CALIFORNIA FORM 497 |
|---------------------------------------|---------------------------------------|---------------------------------|-------------|-----------------------|
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 493025 | Report No | | For Official Use Only |
| STREET ADDRESS | | Amendment to Report No. | Page 4 of 4 | |
| CITY LOUISVILLE | STATE ZIP CODE KY 40202 | (explain below) No. of Pages 4 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|--------------|---|--|---------------------------|-------------------------------------|
| 11/01/2022 | Catherine Blakespear for Senate 2022 Sacramento, CA 95815 | Catherine Blakespear State Senate District 038 Jurisdiction: State Senate District | \$1,000.00 | 11/08/2022 |
| | ID# 1436941 Memo Reference: 9 | | | |
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Reason for Amendment: